PTC/SB/01 (04-05)
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AT2006-1US

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

Number

First Named Inventor

(37 CF	A - C - C - About					
(0. 0.	11 1100,		Application N	umber	N/A	
Declaration Submitted OR	Declara Submit	rtion ted after Initial	Filing Date		N/A	
With Initial Filing	Filing (s	surcharge R 1.16 (e))	Art Unit		N/A	
1 ung	require		Examiner Nar	ne	N/A	
					-	
I hereby declare that:						•
Each inventor's residence, ma	iling address, a	and citizenship are	as stated belov	w next to the	eir name.	
I believe the inventor(s) named which a patent is sought on the	d below to be to e invention ent	he original and first itled:	inventor(s) of	the subject i	matter which is clair	ned and for
Therapeutic and diagn	ostic inocul	lation device				
	•					
		(Title of the	Invention)			
the specification of which		(**************************************				
is attached hereto						
OR						
was filed on (MM/DD/Y	vvv [an United	Ctatoo A1	iaatiaa Aluuduu	OT 1-4
Was med on (MINDD) 1] as Onked	States Appli	ication Number or P	CI International
Application Number		and was amende	d on (MM/DD/	YYYY)		(if applicable).
I hereby state that I have revie	wed and under	rstand the contents	of the above in	dentified spe	ecification, including	the claims, as
amended by any amendment						
I acknowledge the duty to dis continuation-in-part application and the national or PCT intern	ns, material inf	ormation which bed	came available	between ti	fined in 37 CFR 1. he filing date of the	.56, including for prior application
I hereby claim foreign priority	benefits unde	er 35 U.S.C. 119(a))-(d) or (f), or	365(b) of a	any foreign applicat	ion(s) for patent.
inventor's or plant breeder's ri country other than the United	ights certificate	(s), or 365(a) of an	v PCT interna	tional applic	cation which design	ated at least one
application for patent, inventor	's or plant bree	eder's rights certifica	ate(s), or any f	PCT intema	tional application ha	oox, any foreign aving a filing date
before that of the application o	n which priority		. Data	0-114.	10.00	
Number(s)	Country	Foreign Filing (MM/DD/YY		Priority Not Claim		Copy Attached? NO
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[Page 1 of 2]

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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

There is	DECLARATIO	1U — MC	inty or L	esign	Pat	em Appli	catio	n	
correspondence to:	rine oddress associated with Customer Number	r	4 Action 14 to 1	201 V S			٠ĸ	<u></u>	correspondence address below
Name									
Shihang Nicoleou									
Address						·		-	
1021 Arrayo Lindo Avenue									
City				Stat	8				ZIP
San Diego				CA					92117
Country		Telepho	ne				Ema	iì	l
JSA		858-273-1	238				shiho	ngn@ya	hoo.com.
I hereby declare that all state and belief are believed to statements and the like so make the statements may jeopan	be true; and fun nade are punishal	ther that de by find	these st or impri	atemen sonmer	nts wa nt, or	ere made both, unde	with 1 or 18 t	the kno	wledge that willful fals
NAME OF SOLE OR FIRST	INVENTOR:		ПА	petition	has	been filed	for this	a unsigi	ned inventor
Given Name (first and middle	(if any))					Family N			
Seetan		A				Terrasse			
Inventor's Signature		1		\supset					Date May 19 200
Residence: City	State			Cou	ntry			Citize	nship
Saint Vallier	NA			Franc	X			French	
Malling Address 49 Rue Anatole France									
City	State				Zip)			Country
Saint Vallier	NA				712	30			France
NAME OF SECOND INVEN	rop.				٦ ۵	netition ha	ae boo	n filad (or this unsigned invento
Given Name (first and middle						Family Na			
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Inventor's Signature									Date
Residence: City	State			Cou	intry			Citize	nship
Toulouse	NA			Franc	-			French	
Mailing Address 107 Chemin des Fontanelles				A	-			, <u>, , , , , , , , , , , , , , , , , , </u>	
City	State				Zip			Count	iry
Oily									
Toulouse	NA				3150	10		France	

ZIP

92117

Email

shihongn@yahoo.com

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4931 Arroyo Lindo Avenue

City

USA

San Diego

Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Telephone

858-273-1238

State

CA

NAME OF SOLE OR FIRST INVENTOR:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [Family Name or Surname						
Gaetan					Terrasse		
Inventor's Signature							Date
Residence: City	State	1	Count	try		Citize	nship
Saint Vallier	NA	F	rance			French	
Mailing Address 149 Rue Anatole France		<u> </u>				L	
City	State			Zip			Country
Saint Vallier	NA .			7123	30		France
NAME OF SECOND INVENTO	PR:			A	petition has bee	n filed	for this unsigned inventor
Given Name (first and middle [i	f any])		1000		Family Name or		
Yves	1.			Τ	rehin		
Inventor's Signature	15-						Date MAY 19, 2006
Residence: City	State		Count	ry		Citize	
Toulouse	NA	F	rance			French	
Mailing Address 10 Chemin des Fontanelles		· · · · · · · · · · · · · · · · · · ·		`	` .		,
City	State			Zip	-	Coun	try
Toulouse	NA		3	1500)	France	
Additional inventors or a legal re	presentative are being named on	the 1su	pplemer	ntal st	neet(s) PTO/SB/02A	or 02LR	attached hereto.

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ADDITIONAL INVENTOR(S)

DECLARATION		Supplement	tal Sheet	Pag	<u>e 1</u>	of <u>1</u>
Name of Additional Joint Inventor, if an	y:	A petit	ion has been filed for thi	is unsigned	inventor	
Given Name (first and middle (if any)		Family Name	e or Surname			
Emile	/	Loria		·		
Inventor's Signature Line Lo Rep				Date	5/19	12006
La Jolla Residence: City	CA State	I	Country USA	French Citize		
5916 Via Zurita						
Mailing Address						
La Jolla	CA		92037	USA		
City	State		Zip	Coun	try	
Name of Additional Joint Inventor, if an	y:	A petit	ion has been filed for th	is unsigned	inventor	
Given Name (first and middle (if any))		Family Name of	or Surname		
Inventor's Signature	·			Date		
Residence: City	State		Country		Citizensh	nip
Mailing Address						
City	State		Zip	Coun	try	
Name of Additional Joint Inventor, if an	y:	A petit	ion has been filed for thi	is unsigned	inventor	
Given Name (first and middle (if any))			Family Name o	r Surname		
			······································			
Inventor's Signature				Date		
Residence: City	State		Country		Citizensh	nip
Mailing Address						
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Application Number	NA	1
Filing Date	NA	
First Named Inventor	Terrasse et al	_
Title	Therapeutic and Diagnostic Innocula	_
Art Unit	N/A	_
Examiner Name	N/A	_
Attorney Docket Number	AT2006-1WO	7

I hereby rev	voke all prev	vious powers of attorney given	ven in the ab	ove-id	entified applic	ation.		
I hereby ap	point:							
✓ Practitio	oners associate	ed with the Customer Number:		26	5709			
OR		l						
✓ Practition	oner(s) named l	below:						
		Name			Registra	tion Numbe	er	
Shihon	ng Nicolaou	***			46	6,960		
as my/our atto	ornev(s) or ager	nt(s) to prosecute the application	identified above	and to	transact all busin	oss in the	United State	s Patent and
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	address associ	iated with the above-mentioned C	ustomer Numbe	er:				
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The OR	address associ	iated with Customer Number:						
	irm or idividual Name	Shihong Nicolaou						
Address	S	4931 Arroyo Lindo Avenue						
City		San Diego		State	CA		Zip 9211	7
Country		USA						
Telepho	one	858-273-1238]	Email	shihongn@yah	oo.com		
	icant/Inventor.		•					
		of the entire interest. See 37 CFR (CFR 3.73(b) is enclosed. (Form I						
		SIGNATURE of	Applicant or As	ssignee	of Record			
Signature		inte workers			-	Date	05/	07/06
Name	Emile	Loria				Telephone	858	459 668
Title and Comp	· · ·							
NOTE: Signature signature is requ	es of all the inven uired, see below*.	ntors or assignees of record of the entire	re interest or their	represen	tative(s) are require	ed. Submit m	ultiple forms i	more than one
*Total o	of	_ forms are submitted.						

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POWER OF ATTORNEY and	Application Number	No.		
	Filing Date	Oct. 8, 2003		
	First Named Inventor	Тептаззе et al		
CORRESPONDENCE ADDRESS	Title	Therapeutic and Diagnostic Innocula		
	Art Unit	N/A		
INDICATION FORM	Examiner Name	N/A		
	Attorney Docket Number	AT2006-1US		

) previo	ous powers of attorney give	n in the ab	ove-id	entified applic	ation.		
I hereby appoint:								
Practitioners as:	Practitioners associated with the Customer Number: 26709							
Practitioner(s) n	amed be	low:						
	-	Name		-	Registrat	ion Number		
Shihong Nicola	on .				46	3,960		
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as my/our attorney(s) o Trademark Office conf		 s) to prosecute the application identification identification. 	entified above	and to	transact all busin	ess in the L	Inited States Pa	stent and
Please recognize or ch	ange the	e correspondence address for the	above-identi	sed appl	lication to:			
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OR OR	8830081	led with Customer Number.						
Firm or Individual	Name	Shihong Nicolaou		-				
Address		4931 Arroyo Lindo Avenue						
	·····				T_ :		24 (22	
City		San Diego		State	CA		Zip 92117	
Country Telephone	<u></u>	USA 858-273-1238		Email	shihongn@yah	20,000	·	
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Applicant/Invi	entor.							
		the entire interest. See 37 CFR 3 FR 3.73(b) is enclosed. (Form P.						
		SIGNATURE of A	pplicant or A	ssigned	of Record			
Signature		<u></u>				Date	May 19	2006
Name	Gaetan	Terrasse	12,			Telephone		
Title and Company	<u> </u>							
NOTE: Signatures of all the signature is required, see		ro or assignees of record of the entire	interest or their	roproson	itative(s) ere require	id. Submit me	ultiple forms if mo	re than one
*Total of		forms are submitted.						
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Application Number	N/A
Filing Date	N/A
First Named Inventor	Terrasse et al
Title	Therapeutic and Diagnostic Innocula
Art Unit	N/A
Examiner Name .	N/A
Attorney Docket Number	AT2006-1US

l her	eby revoke all	previo	us powers of attorney giv	en in the ab	ove-ide	entified applic	ation.		
	eby appoint:								
V	Practitioners associated with the Customer Number:				26709				
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\checkmark	Practitioner(s) na	amed be	low:		•	•			
			Name			Registra	tion Numb	er	
	Shihong Nicolad	טט				40	6,960		
as my Trade	/our attorney(s) o mark Office conn	or agent(s) to prosecute the application is erewith. 	dentified above	and to	transact all busir	ness in the	United States Patent and	
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR									
	The address OR	associal	ted with Customer Number:						
V	Firm or Individual I	Name	Shihong Nicolaou						
	Address	100	4931 Arroyo Lindo Avenue						
	City		San Diego		State	CA		Zip 92117	
	Country		USA						
	Telephone		858-273-1238		Email	shihongn@yah	00.COM		
I am	I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
		J	SIGNATURE of	Applicant or A	ssignee	of Record			
Signa		4:	F				Date	MAY 19, 200	6
Name		Yves Tre	eĥin				Telephone	e +33562.4636 1	8
Title a	and Company								
	: Signatures of all thure is required, see		rs or assignees of record of the entir	e interest or their	represen	tative(s) are require	ed. Submit n	multiple forms if more than on	е
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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